PODIUM SESSION I: CANCER STUDIES

CN1

CERVICAL CANCER SCREENING PROGRAM IN THAILAND: ASSESSMENT OF SERVICE COVERAGE AND DETERMINANTS OF PROGRAM UPTAKE

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OBJECTIVES: In Thailand two approaches for cervical cancer screening, namely Pap smear and visual inspection with acetic acid (VIA), are introduced in the public sector. This study aims to assess the service coverage and the factors associating with screening test seeking behavior in two provinces, namely Chiangmai and Nakon Si Thammarat. **METHODS:** A cross-sectional household survey was conducted in 2009 in the two study provinces, among women aged 30–60 years old. A total of 1600 women were randomly selected by stratified four-stage sampling. Of these, 1577 were interviewed (98% respondent rate). Descriptive statistics and logistic regression were used in the data analysis. **RESULTS:** This study suggests that the coverage rates of cervical screening tests in the past 5 years were relatively high; 76% in Chiangmai and 70% in Nakon Si Thammarat. In both provinces, Pap smear was more commonly introduced than the VIA around two to three times. The most common reasons for not seeking screening tests was "the absence of symptoms," followed by "the lack of time" and "feeling shy toward health workers." A multivariate logistic regression analysis indicates that supporting and impeding factors of the screening service seeking behavior were significantly associated with screening test. Women with the following characteristics were more likely to seek the tests than others: age 40–50 years, agriculture occupation, child-bearing experience, cervical cancer history in family member, and ever exposing to the information regarding cervical cancer and screening tests. Meanwhile, respondents who were less likely than others to seek the screening services included cigarette smokers. **CONCLUSIONS:** There were several factors associating with the service seeking practices among women in these settings. In order to increase the service uptake, it is suggested that extensive education program concerning cervical cancer and screenings should be provided with the aim to abolish the misunderstandings and increase awareness among target population.

CN2

A SYSTEMATIC REVIEW AND META-ANALYSIS OF ADJUVANT CHEMOTHERAPY FOR STAGE III COLON CANCER

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OBJECTIVES: This study aimed to assess clinical efficacy of three adjuvant chemotherapy regimens, namely 1) Mayo clinic regimen (5-fluorouracil and leucovorin, 5FU/LV); 2) FOLFOX4 (oxaliplatin plus 5-FU/LV); and 3) oral capecitabine for treatment of patients with stage III colon cancer. **METHODS:** A systematic review of randomized controlled trials (RCTs), and meta-analysis of RCT of adjuvant chemotherapy for patients with stage III colon cancer were included by searching through the Medline and Cochrane databases. The clinical efficacy studies of three adjuvant chemotherapy regimens on improving survival outcomes of patients with stage III colon cancer were included. Indirect or mixed-treatment comparison meta-analysis with fix effect model was applied to combine results of several studies. The meta-analysis was carried out using Bayesian approach and WinBUGS14 software program. The summary efficacy of adjuvant chemotherapy were presented as odds ratio (OR) and its 95% confidence interval (CI). To test the variation of study outcomes between studies, heterogeneity test was also applied. **RESULTS:** Total of 714 abstracts were reviewed and four eligible studies related to adjuvant chemotherapy for patients with stage III colon cancer were included in the meta-analysis. Two studies compared oral capectitabine with 5-FU/LV, while one study compared FOLFOX4 with 5-FU/LV. Indirect comparison was used to compare FOLFOX 4 and oral capecitabine. When compared to 5-FU/LV, FOLFOX4 and oral capecitabine could significantly reduce the risk of death by 23% (OR = 0.77, 95% CI = 0.68–0.86) and 16% (OR = 0.84, 95% CI = 0.72–0.98), respectively. Moreover, the OR of mortality among patients treated by oxaliplatin plus 5-FU/LV was 0.92 (95% CI = 0.76–1.11) compared to capecitabine. **CONCLUSIONS:** Of three regimens for patients with adjuvant chemotherapy stage III colon cancer, FOLFOX4 could significantly yield the longest patient survival, followed by capecitabine and 5-FU/LV. However, FOLFOX4 did not significantly reduce mortality events compared with capecitabine.

CN3

QUALITY OF LIFE IN ADVANCED CANCER PATIENT—COMPARISON OF PATIENT-REPORTED OUTCOME (PRO) AND PROXIES ASSESSMENT

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OBJECTIVES: While Quality Of Life (QOL) in subjects suffering from advanced cancer patient has been studied using a variety of generic or specific instruments, only very few studies have analyzed the agreement between patients and proxy ratings on patients' QOL. The objective of this study was to compare PRO of quality of life and proxy assessment using EORTC QLQ PAL-15. **METHODS:** We administered the EORTC QLQ PAL-15 to 32 patients and their own family, nurse and doctor, respectively as proxies of patient. The QLQ PAL-15 is a 15-item shortened version of the EORTC QLQ-C30 cancer-specific health-related quality of life measure consisting of two functional scale (physical and emotional), seven symptom scale (fatigue, pain, nausea and vomiting, dyspnea, appetite loss, insomnia, constipation), and single-item scale to assess quality of life. The analyses focused on intraclass correlation coefficients (ICCs) to comparing the ICC 95% lower confidence interval with critical value 0.70 and Pearson's correlation coefficients. **RESULTS:** Agreement between patients and proxies on the scales was excellent for physical function (ICC = 0.889) and fatigue (ICC = 0.739). Emotional function, emesis, pain, appetite loss, constipation, constipation and quality of life scale was fair agreement (ICC range from 0.471 to 0.739). Dyspnea (ICC = 0.301) and insomnia (ICC = 0.097) was poor agreement between PRO and proxies assessment. There were higher correlation with family than other proxies with patient in emotional function ($r = 0.791$, $P < 0.001$), insomnia ($r = 0.774$, $P < 0.001$), nausea and vomiting ($r = 0.646$, $P < 0.001$), appetite loss ($r = 0.638$, $P < 0.001$), dyspnonea ($r = 0.402$, $P < 0.005$). There were higher correlation with nurse than other proxies with patient in physical function ($r = 0.791$, $P < 0.001$) and constipation ($r = 0.540$, $P < 0.001$). There were higher correlation with doctor than other proxies in pain($r = 0.494$, $P < 0.001$), and fatigue ($r = 0.406$, $P < 0.005$). **CONCLUSIONS:** The agreement between PROs and proxies assessment in QOL assessment is different by symptom and function. Family caregiver were more agreement than nurse and doctor. We need to paid attention to proxy assessment more carefully.

CN4

CAN WE CORRECTLY TARGET HIGH-COST THERAPIES? THE DIAGNOSTIC ACCURACY OF HISTOLOGY IN DIFFERENTIATING BETWEEN SQUAMOUS AND NON-SQUAMOUS NON-SMALL CELL LUNG CANCER

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OBJECTIVES: The importance of identifying non-small cell lung cancer (NSCLC) histological subtype has increased recently because of the need to target high cost therapeutic agents to the correct patient population. This systematic review was undertaken to examine the diagnostic accuracy of histology in differentiating between subtypes of NSCLC, specifically the ability to differentiate squamous from non-squamous histology. **METHODS:** A systematic literature search was undertaken to identify studies that evaluated the reproducibility of histologic diagnosis by pathologists in their reporting of NSCLC subtypes. Studies were screened systematically using a priori defined eligibility criteria. The National Health and Medical Research Council (NHMRC) diagnostic levels of evidence were applied, and quality assessed using the Quality Assessment of Diagnostic Accuracy Studies (QUADAS) tool. Data were extracted and re-analyzed to permit comparison of agreement in non-squamous and squamous cell carcinoma via 2×2 tables. Pooled diagnostic performance measures including sensitivity, specificity, positive predictive value (PPV), negative predictive value (NPV) were calculated, with the PPV being considered the most relevant indicator for the treating clinician. **RESULTS:** Out of 1480 articles identified through the literature search, seven were eligible for inclusion. The PPV of non-squamous histology was consistently high in each individual study with only a small amount of variation between studies. This resulted in a very high pooled PPV of 95.3% (94.0–96.3%) for the primary meta-analysis. **CONCLUSIONS:** The high individual and pooled PPV suggests that pathologists can reliably differentiate between non-squamous and squamous NSCLC. This is important in guiding oncologist decision-making in choosing the most appropriate therapy for their patients. It is also significant from a purchaser perspective; because it will limit cost leakage from prescriptions mistakenly given outside the drugs approved indication (i.e., to the incorrect NSCLC patient group) due to misdiagnosis.

PODIUM SESSION I: HEALTH TECHNOLOGY ASSESSMENT STUDIES

HT1

EARLY ALERT SYSTEMS FOR NEW PHARMACEUTICALS—DO THEY HAVE AN IMPACT ON PHARMACEUTICAL REIMBURSEMENT DECISIONS?: A CROSS-NATIONAL COMPARISON

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OBJECTIVES: With the successful incorporation of horizon scanning (HS) into HTA it has been postulated that HS of pharmaceuticals may inform pharmaceutical assessment for public reimbursement in Australia. This paper intends to examine the role of HS for pharmaceuticals, the effect that HS may have had on the introduction of new drugs onto the health market, and assess whether HS for pharmaceuticals would improve access to new drugs in Australia and New Zealand. **METHODS:** The EuroScan database of HS agencies was searched for pharmaceuticals assessed in 2004 by the National Horizon Scanning Centre (UK) and the Canadian Agency for Drugs and Technologies in Health. Time taken to licensing and public reimbursement or access approval, if given, in the UK, Canada, Australia and New Zealand was ascertained. **RESULTS:** Of 21 drugs identified by HS in 2004 by the NHSC, 11 received licensing approval and the National Institute for Health and Clinical Excellence has